



City of Santa Fe, New Mexico
POLICE DEPARTMENT
MOTOR VEHICLE ACCIDENT REPORT



You have complied with State Statute 66-7-206 and City of Santa Fe Ordinance 12-4-6 TO GIVE NOTICE OF ACCIDENT. You must now complete this form with all the information requested and either mail or in person return it to your insurance company for processing.

SANTA FE POLICE DEPARTMENT CASE NUMBER _____

LOCATION WHERE ACCIDENT OCCURED
NAME OF STREET; PARKING LOT OR
OTHER LOCATION: _____

DATE OF ACCIDENT: _____ DAY OF WEEK _____ TIME (AM PM) _____

YOUR VEHICLE

OTHER VEHICLE

DRIVER _____ DRIVER _____

ADDRESS _____ ADDRESS _____

DRIVERS LICENSE # _____ DRIVERS LICENSE # _____

NAME OF STATE WHERE ISSUED _____ NAME OF STATE WHERE ISSUED _____

EXPIRATION DATE OF LICENSE _____ EXPIRATION DATE OF LICENSE _____

SOCIAL SECURITY # _____ SOCIAL SECURITY # _____

OWNER OF VEHICLE _____ OWNER OF VEHICLE _____

ADDRESS OF OWNER _____ ADDRESS OF OWNER _____

VEHICLE YEAR _____ VEHICLE YEAR _____

VEHICLE MAKE _____ VEHICLE MAKE _____

BODY TYPE _____ BODY TYPE _____

LICENSE #/STATE _____ LICENSE #/STATE _____

PARTS OF VEHICLE DAMAGED _____ PARTS OF VEHICLE DAMAGED _____

APPROX. COST OF REPAIRS _____ APPROX. COST OF REPAIRS _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____ DAMAGE TO PROPERTY OTHER THAN VEHICLE _____

SEE REVERSE SIDE

INSURANCE COMPANY _____

INSURANCE COMPANY _____

POLICY NUMBER _____

POLICY NUMBER _____

WITNESSES TO ACCIDENT:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

DESCRIBE HOW ACCIDENT OCCURED: _____

